

The Barbara Varon Volunteer Award

Name of person nominated _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Describe the unique nature of the nominee's volunteer contribution to the community. What was accomplished? How was it accomplished? How much time was devoted to this volunteer work?

[illegible]

**Please return form no later than
September 15, 2004**

Submit application to:

Offices of Equity Programs
12000 Government Center Parkway, Suite 339
Fairfax VA 22035
(703) 324-2207

*Award to be presented in October by the
Fairfax County Board of Supervisors*

